

NASA HEALTH PROMOTION AND WELLNESS TEAM

Minutes for: September 15, 2003 ViTS

Welcome: Good afternoon. My name is Mae Hafizi. Welcome you to the fourth ViTS for FY 2003. Today's agenda was emailed to you last week. The main focus of today's ViTS is Frank's presentation on the latest trends in employee health industry. Frank is with the Mayo Clinic Health Management Resources. You receive HealthQuest newsletters from the same outfit, which you find very useful.

For the record, we will begin with attendance and roll call. But after the roll call I will briefly cover a couple of housekeeping items before I give the floor to Frank. We are going to cut Lisiel a break again and start our roll with White Sands.

Attendance: "X" means present

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Topic: Dr. Cooper's Presentation

An action item from our last meeting was for Dr. Smallwood to ensure a live broadcast of Dr. Cooper's presentation. Due to a conflict in ViTS times, a live broadcast was not possible. We have a video copy of Dr. Cooper's presentation that took place on August 21st. If you are interested, let me know via email and I will send you a copy.

Topic: Asthma and Allergies

Centers

The 4th Quarter FY 2003 Health Promotion Campaign was dedicated to Asthma and Allergies. In the interest of time, we cannot have an open forum to review center efforts so I ask that you please send me a short email detailing your activities related to this campaign.



MAY 2003

EDUCATING THE PUBLIC FOR ASTHMA AWARENESS MONTH

The May 12, 2003 ABC News published a general interest story on the health effects, symptoms and incidence of asthma for Asthma Awareness Month. The article provides basic facts about

asthma that: it affects some 15 million Americans; the number of cases of asthma in the country has doubled over the past 15 years; asthma attacks can be triggered by allergens, tobacco smoke or even exercise (in cold air); and asthma can be fatal if left untreated. The article also cites U.S. Department of Health and Human Services (HHS) statistics, which show that low-income and minority groups are more likely to die during an asthma attack—a problem that, the article says, is likely to be linked to lack of access to proper treatment. HHS statistics also assert that between 1993 and 1996 there was an average of 38.5 asthma-related deaths per 1 million African Americans, as compared to 15.1 deaths per 1 million whites during the same period.

The article points to various factors that are believed to be linked to these disparities, including living environment, asthma management and genetics. They also point to environmental concerns. The article points out that some doctors believe the increase in Americans' susceptibility to asthma is linked to the fact that today's children are healthier than ever before and live in cleaner living spaces such that their bodies are less resistant to allergies and disease.

For the entire

article: http://abcnews.go.com/sections/living/Healthology/HS_asthma_030513.html

Topic: Oral Health and Influenza Vaccine

Mae Hafizi

October through December 2003

1st Q FY 2004

Oral Health

Health topics for the 4th Q. FY 2003 are oral health and Flu vaccine.

The following educational materials for the oral health campaign have been mailed to you.

ADA

Healthy Mouth-Healthy Body

Important news about the early detection of oral cancer

Krames

Halitosis: Achieving Fresh Breath

Mouth Care and Diabetes

Mouth Owner's manual

Influenza Immunization Campaign

As you may recall, agency wide you vaccinated close to 20,000 employees last year, a consistent trend over the past three years.

In the week of September 21st, our website will include a newly revised one page influenza consent form. Please refer to the CDC website for their suggested VIS, as the mandatory handout to the vaccine recipients.

I appreciate your cooperation in completing the **high-risk surveys**. We will tally the numbers to let you know what percentage of the population you immunized was high risk. So, don't forget to mail the surveys to us. That is all you need to do. You do not have to do statistics or keep track of anything. Just mail us the completed high risk surveys.

Once the new influenza consent form is place on the website, you can access it in the following manner:

www.ohp.nasa.gov

Click employee health

Click cold and flu resources

Click influenza vaccine consent form

The following are more useful links on the subject *for healthcare professionals*:

www.cdc.gov/ncidod/diseases/flu/hc_providers.htm

www.cdc.gov/ncidod/diseases/flu/fluvirus.htm

<http://www.cdc.gov/nip/flu/gallery.htm> Materials for Patient Education

<http://www.cdc.gov/nip/publications/flustrat.htm> Strategies for increasing adult vaccination rates

There are also CD ROMS available that CDC has co-written with vendors. There is a charge for the materials. You may want to explore these as well.

<http://www.ecbt.org/vidord.html#Video%20Tapes>

<http://vaccine.chop.edu/index.shtml>

<http://www.immunizationinfo.org/>

<http://www.kidshealth.org/parent/general/body/vaccine.html>

Additional publication listings--note that there is an online order form for your convenience.

<http://www.cdc.gov/nip/publications/>

You can contact the name listed below with questions:

Judy Schmidt, RN, Ed.D.

Public Health Educator

Education, Information, and Partnership Branch, ISD

National Immunization Program

Centers for Disease Control and Prevention

Influenza Information for the public:

www.cdc.gov/nip/Flu/Public.htm

August 21, 2003

EVERYONE WHO WANTS a flu shot will be able to get one in October, giving their bodies time to develop immunity before the flu season starts, the CDC said. In the past two years there has been a shortage of the flu vaccine, so the CDC has recommended that older and otherwise vulnerable people get their shots first. But this year production is on schedule. "Therefore, influenza vaccinations can proceed for all high-risk and healthy persons, individually and through mass campaigns, as soon as vaccine is available," the CDC said.

More than 36,000 people die each year in the United States alone because of influenza, and 114,000 get sick enough to have to go to the hospital. The influenza vaccine is reformulated each year to match the currently circulating viruses and while it does not always completely protect from infection, it greatly lowers the risk of a patient dying or becoming seriously ill. **Yet infectious disease experts say only about 65 percent of U.S. adults who should get the vaccine actually do.**

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Topic: Health Campaign for Jan. through March 2004 **Mae Hafizi**
2nd Q FY 2004
Hearing Conservation
Educational materials will be forthcoming.

Topic: Future ViTS **Mae Hafizi**
Future ViTS have been scheduled on the following date:
[December 15th at 15:30 EST.](#)

Future ViTS for 2004 are scheduled for the following dates:

| | |
|---------------------------------|---------------|
| Monday 3/01/04 | 13:30 - 15:00 |
| Monday 6/07/04 | 12:00 - 13:30 |
| Monday 9/13/04 | 12:00 - 13:30 |
| Monday 12/13/04 | 12:00 - 13:30 |

Also keep in mind Annette Haag's presentation on the emerging trends in occupational health scheduled for 9/22/03 at 15:00 EST.

Topic: Emerging trends in employee health industry **Frank Rutkowski**
I would like to give the microphone to Frank Rutkowski from the Mayo Clinic Health Management Resources. He has kindly agreed to meet with our group today to talk about the emerging trends in employee health industry. You have all been very supportive of their publication, Mayo Clinic Health Quest Newsletter. The Power Point presentation is available if anyone is interested. I have included an abstract in the minutes.

Important to Remember

Almost half of all premature deaths in the United States and other developed countries are caused by lifestyle related problems. We can prevent many of these deaths and enhance quality of life for millions of people if we can help them exercise regularly, eat nutritious foods, avoid tobacco and excess alcohol, learn to manage stress, enhance social networks and economic conditions, clarify lifestyle values, and achieve a sense of fulfillment in their intellectual pursuits.

Dr. Michael P. O'Donnell, PhD, MBA, MPH;
President and Founder of the American Journal of Health Promotion

Seven Trends Driving Population Health Management are:

1. Rising Health Care Costs
2. Lost Productivity Costs
3. Declining Population Health
4. Aging Workforce
5. Health Care Consumerism
6. Changing Business Environment
7. Technology/Internet Access

Health care costs are increasing at double-digit rates, rising at three times the rate of wages and salaries. The impact of health care concerns on productivity is seen in many forms. Such as:

1. Absenteeism, time away from work
2. Presenteeism, at work but not fully productive
3. Turnover,
4. Worksite Injuries

Realities that are faced by the employers are:

1. Declining health and health habits
2. Aging population
3. Higher health risks
4. Increase in chronic conditions
5. Dispersed workforce
6. Technology and e-business
7. Empowered consumers
8. Retiree Health Costs
9. Work Family Balance
 1. Flexible Schedules are utilized to assist with this balance
 2. Telecommuting is another measure to assist families to better balance work and family from home
 3. Childcare - Sick Care
 4. Infants in the Workplace where infants are allowed to be brought to work (Natl. Assoc. of Insurance Commissioners, Kansas City) is another measure used by employers to assist employees with family matters.

Benefits of Employee Health and Disease Management are:

- Increase in Productivity
- Decrease in Work Site Injuries
- Reduce Absenteeism
- Increase Knowledge of Consumers of Health and Disease Management
- Improvement in Control of Costs Associated with Illness and Injury
- Improve the Welfare of Employees, Dependents and Retirees

Several companies have seen great Returns on Investment (ROI). ROI means monies spend on health promotion is offset by a decrease on monies spend on disease management and improvement in productivity. The following are examples:

Investment Industry trends show that wellness programs on average provide three to five times the company's return on investment due to lower costs for sick leave, hospital admissions, disability days and per capita workers' compensation costs. *Source: AON 2003*

Johnson & Johnson Corporate Health and Wellness Programs average annual saving \$225 per employee due to reductions in hospital admissions, mental health visits and use of out patient services

Hughes Electronics savings of \$184 per participant 3.4 to 1 return on investment 15% decrease in use of medical services by patients v.s. 29% increase by non participants. Source: AON 2003

The following list some tools used in Employee Health Management:

Health Risk Assessments
Health Newsletters
Self-care Books
E-Health Solutions
Nurse Triage
Disease Management
Health Coach
Fitness Centers
Screenings and Health Fairs
EAP
Incentives - Healthy Behaviors/Actions

The following mentions how the Mayo Clinic Health Resources Management has addressed some of the tools:

A. Mayo Clinic HealthQuest Newsletter

1. 8-page newsletter providing easy-to read yet practical, substantive health information

2. Colorful and inviting design
3. Actionable take-away messages
4. Reaching beyond health awareness to become an important continuity vehicle within your program and lay the groundwork for behavior change

Readership Survey Results

1. 98% enjoy receiving and want to continue

B. Self-Care Book Benefits

1. Reach your entire population
2. Manage demand for healthcare services
3. Control costs through appropriate utilization
4. Near-term impact
5. Long shelf life

C. From Nurse Triage to Disease Management

1. Ask Mayo Clinic
2. **Tobacco Quitline**
3. Pregnancy Care Program
4. Asthma Management Program
5. Diabetes Management Program

C2. Tobacco Quitline Data

1. 2/3 of states have quit lines
2. Quit lines reach 2 - 10% of smokers annually
3. Counseling reaches only 1% of smokers annually
4. Mayo - 40% quit rate after 6 months
5. NRT or counseling - 10% quit rate*
6. NRT and counseling - 20% quit rate*
7. Cessation programs for employees (quit lines, classes, NRT, etc.) are more cost effective than other screening programs (Coffield, 2001)

Advantages to Quitlines

1. Potential to reach larger numbers of tobacco users (including low income, rural & elderly)
2. Are often more convenient - more flexible hours, and avoid transportation and childcare issues
3. Offer confidentiality
4. Allow improved quality control, collection and evaluation data
5. 57% from work computer
6. 28% from home computer
7. 18% from other locations (college, library, etc.)

Conclusion

The continuum of health/disease management and productivity programs are broad. Determining which programs to implement depends on the company's employee base, the general health of the

employees/families and the work conditions they face.

Additional Industry Resources

1. American Journal of Health Promotion
2. WELCOA
3. AOHC
4. National Wellness Association
5. Institute for Health and Productivity Management
6. Health Enhancement and Research Organization
7. Other

Contact Information

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Southeastern Account Mrg.
803-731-0988
rutkowski.frank@mayo.edu

Hope to see you all back and thank you for your participation. We will adjourn now unless you have any questions.

We look forward to any feedback and/or suggestions about the chosen health topics and the ViTS. Please contact us. We will see you in December.

Respectfully Submitted,
Mae Hafizi
9.18.03